

No: It is dangerous to ask psychiatrists to enforce social policy



Whom the Gods would destroy they first make mad.

Henry Wadsworth Longfellow

Most of us want a society that is free of racism. But it is folly to think that this freedom will come by calling racism an illness and mandating its “treatment” by physicians.

A just society must have a social and legal framework to detect and prosecute racist crimes. Psychiatrists, though, are not the makers or enforcers of social policy: this is why we have politicians and police. The history of psychiatry is full of examples of people being labeled as ill for social or political reasons. To paraphrase Longfellow, those whom society and psychiatrists wish to destroy, they first label mentally ill.

For example, Chinese police subject political nonconformists to psychiatric appraisal before committing them to psychiatric hospitals against their will.¹ Members of the Falun Gong, a spiritual movement vilified by the Chinese government, have been incarcerated in mental hospitals, where they undergo forced administration of psychotropic drugs, electroshock therapy, and brutal beatings.² Members are told, “No transformation, no release.” Some have died from this psychiatric “treatment.”³

Such abuses are not restricted to Asian psychiatry. American psychiatry, which leads the call to label racism as a mental illness,³ should remember its own mistreatment of gay men and lesbians. The first *Diagnostic and Statistical Manual of Mental Disorders*, published in 1952, included homosexuality as an illness—legitimizing the forced “treatment” of healthy people.⁴ In considering homosexuality a sickness, psychiatry was acting out the wishes of a society that could not accept same-sex relationships. It is, therefore, horrifying that we now hear calls to label homophobia as an illness.⁵ Déjà vu, anyone? Society is right to condemn homophobes, but should we really be asking psychiatrists to force them to undergo treatment of their homophobia?

Racist beliefs may, of course, be part of an underlying mental illness, but they are not in themselves pathologic. For example, a patient who thinks that all Irish people are evil because they are exposed to uniquely high levels of radiation from the sun is clearly delusional. But what about an Englishman who hates the Irish because “they all support terrorist organizations”? Although he is wrong, he is not ill but holds a view that is common—and to a degree understandable, given recent history. It is the form—and not the content—of people’s beliefs that determines whether they have a mental illness.

What if we try to classify all racist beliefs as representing some other form of psychological illness? For example, let’s try to call racist beliefs “overvalued ideas,” the psychiatric term for logically understandable but not acceptable ideas pursued by a person beyond the bounds of reason. We run into trouble when we think of extreme racists who do little more than vote for a quasi-fascist party once every 5 years. This is scarcely acting beyond the bounds of reason; indeed, it is acting within the constraints of a liberal democracy. Let’s try saying that racists who commit hate crimes have a “personality disorder.” Again, this is problematic, because we return to introducing social policy into a psychologically based diagnostic system. Enforcing such policy is not the proper role of psychiatrists and is beyond their common duty as citizens.

Society needs to ask all its members—teachers, parents, community leaders, politicians—to tackle prejudice at its roots. Medicalizing it is just an easy out. And it takes medicine down the well-trodden path of trying to deal with “dissidents” by calling them patients.

References

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